

Application Data Sheet**Application Information**

|                                     |   |
|-------------------------------------|---|
| Application Type::                  | Regular   |
| Subject Matter::                    | Utility   |
| Suggested Classification::          |   |
| Suggested Group Art Unit::          |   |
| CD-ROM or CD-R?::                   | None  |
| Number of CD disks::                |   |
| Number of Copies of CDs::           |   |
| Sequence Submission?::              | None  |
| Computer Readable Form (CRF)::      | No  |
| Number of copies of CRF::           | 0   |
| Title::                             | METHOD AND DEVICE FOR AUTOMATIC<br>VALIDATION OF COMPUTER PROGRAM<br>USING CRYPTOGRAPHY FUNCTIONS |
| Attorney Docket Number::            | 0579-1070   |
| Request for Early<br>Publication?:: | No  |
| Request for Non-Publication?::      | No  |
| Suggested Drawing Figure::          |   |
| Total Drawing Sheets::              | 3   |
| Small Entity?::                     | No  |
| Latin Name::                        |   |
| Variety Denomination Name::         |   |
| Petition Included?::                | No  |
| Petition Type::                     |   |
| Licensed US Gov't Agency::          |   |
| Contract or Grant Numbers::         |   |
| Secrecy Order in Parent<br>Appl.?:: | No  |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: VINCENT  
Middle Name::  
Family Name:: FINKELSTEIN  
Name Suffix::  
City of Residence:: ARGENTEUIL  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 1, ALLÉE GUSTAVE COURBET  
Address::  
City of Mailing Address:: ARGENTEUIL  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 95100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: FABRICE  
Middle Name::  
Family Name:: ELISABETH  
Name Suffix::  
City of Residence:: NANTERRE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 27, RUE DE LA PAIX  
Address::  
City of Mailing Address:: NANTERRE

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 92000

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

|                         |        |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number::                |        |

**Domestic Priority Information**

|                  |                      |                         |                         |
|------------------|----------------------|-------------------------|-------------------------|
| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
| This application | National Stage of    | PCT/FR03/00858          | 3/18/03                 |
|                  |                      |                         |                         |

**Foreign Priority Information**

|           |                         |               |                       |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
| FRANCE    | 02/03743                | 3/26/02       | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::